



Client No. 2036		Client Name O.H. Materials				Location 1002 OSWEGO, ST. UTICA, N.Y.		Date 5/24/87																	
Facility Equipment	Detect Clock 1	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other +1 Keys + Log Book																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Fidler				Officer—Swing Shift (Name) Al Del Vecchio				Officer—Grave Shift (Name) Robert Dealing															
		Shift Began 8:00 AM Ended 4:00 PM				Shift Began 1:00 AM Ended 12:00 PM				Shift Began 12:00 AM Ended 8:00 PM															
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation													
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	As required	<input checked="" type="checkbox"/>	As required		<input checked="" type="checkbox"/>														
Injury hazards			<input checked="" type="checkbox"/>																						
Visitors 1510 Capt. Miller brought in shirt for [unclear]			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Capt. Miller																		
Trespassing 1512 Capt. Miller left			<input checked="" type="checkbox"/>																						
Violation of company rules			<input checked="" type="checkbox"/>																						
Remarks																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Michael M. Miller capt. 11:05 P		Signatures		1.		2.		3.		Signatures		1.		2.		3.		Signatures		1.		2.		3.	
				Kenneth Fidler								Al Del Vecchio						Robert Dealing							

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